

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/031018

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51								
2		1		1			52								
3		1		1			53								
4		1		1			54								
5		4		4			55								
6		8		4			56								
7	1		1				57								
8		1		1			58								
9		1		1			59								
10		1		1			60								
11		4		4			61								
12	1		1				62								
13	1		1				63								
14			1				64								
15			1				65								
16			1				66								
17				5			67								
18				5			68								
19				5			69								
20				5			70								
21				5			71								
22				5			72								
23				5			73								
24				1			74								
25							75								
26							76								
27							77								
28							78								
29							79								
30							80								
31							81								
32							82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.			7				TOTAL IND.								
TOTAL DEP.				57			TOTAL DEP.								
TOTAL CLAIMS				64			TOTAL CLAIMS								